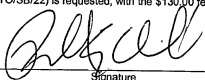


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 22956-71
In re Application of Ian D. McRury et al.		
Application Number 10/024,625	Filed December 18, 2001	
For SUTURE WELDING SYSTEM AND METHOD		
Art Unit 3731	Examiner Darwin P. Erezzo	
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is \$540.00 (37 CFR 41.20(b)(1)).</p> <div style="text-align: right;">\$ 540.00</div> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:</p> <div style="text-align: right;">\$</div> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS-Web.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any further fees which may be required, or credit any overpayment to Deposit Account No. 141449.</p> <p><input checked="" type="checkbox"/> A petition for one-month extension of time under 37 CFR 1.136(a) (PTO/SB/22) is requested, with the \$130.00 fee charged via credit card.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between;"> <div> <p><input type="checkbox"/> applicant /inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input type="checkbox"/> attorney or agent of record. Registration number _____</p> <p><input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. 38,403</p> </div> <div style="text-align: center;">  _____ Signature Ronald E. Cahill _____ Typed or printed name (617) 439-2000 _____ Telephone number October 9, 2008 _____ Date </div> </div>		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".</p> <p><input type="checkbox"/> *Total of 1 forms are submitted.</p>		

I hereby certify that this correspondence is being filed via EFS-Web on the date shown below.

Dated: October 9, 2008

Signature: _____

Ronald E. Cahill